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1.0 Purpose

Policies and procedures to guide the Pediatrics & Neonatal Care (assessment, immunization, diet counseling and frequency of visit).

2.0 Scope

Pediatrics: Only Out-patient Service and Immunizations are provided.

Pediatric admissions shall not be provided.


3.0 Procedures

3.1 The hospital shall NOT provide Pediatric In-patient services.

For Out-patients:

New Patient - Assessment shall be done in the Pediatric Assessment form which will be filed in the Medical record and Health & Immunization record will be given to the parents to bring along for follow up.

- Chief Complaints
- Birth History
- Development History
- Immunization record
- Physical Examination
- Provisional Diagnosis
- Plan of Management
- Treatment Plan

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3.2. Immunizations will be given as per the immunization chart.

3.2 Based on patient clinical condition periodic re-assessment shall be done to ensure good health of the child.

4. NEONATAL CARE

4.1 Pediatrician will be present during all Births happening in the hospital.

4.2 The hospital shall NOT provide high risk obstetric services and delivery of Premature babies.

4.3 Guidelines for New-Born Care (adopted from WHO Guidelines for New Born care)


4.3.1 Care of New-born immediately after Birth

Immediate drying and additional stimulation

- a) Newly born babies who do not breathe spontaneously after thorough drying should be stimulated by rubbing the back 2-3 times before clamping the cord and initiating positive pressure ventilation.

4.3.2 Suction in newborns who start breathing on their own

- a) Routine nasal or oral suction should not be done for babies born through clear amniotic fluid who start breathing on their own after birth.
- b) Intrapartum suction of mouth and nose at the delivery of head in neonates born through meconium is not recommended.
- c) Suctioning of mouth or nose is not recommended in neonates born through liquor with meconium who start breathing on their own.

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- d) Tracheal suctioning should not be performed in newly born babies born through meconium who start breathing on their own.

4.3.3 Cord clamping

- Late cord clamping (performed after one to three minutes after birth) is recommended for all births while initiating simultaneous essential newborn care.
- Early cord clamping (<1 minute after birth) is not recommended unless the neonate is asphyxiated and needs to be moved immediately for resuscitation.

4.3.4 Skin-to-skin contact in the first hour of life

- Newborns without complications should be kept in skin-to-skin contact with their mothers during the first hour after birth to prevent hypothermia and promote breastfeeding.

4.3.5 Initiation of breastfeeding

- All newborns, including low-birth-weight (LBW) babies who are able to breastfeed, should be put to the breast as soon as possible after birth when they are clinically stable, and the mother and baby are ready.

4.3.6 Vitamin K prophylaxis


- All newborns should be given 1 mg of vitamin K intramuscularly [IM] after birth [after the first hour during which the infant should be in skin-to-skin contact with the mother and breastfeeding should be initiated].
- Neonates requiring surgical procedures, those with birth trauma, preterm newborns, and those exposed in utero to maternal medication known to interfere with vitamin K are at especially high risk of bleeding and must be given vitamin K [1 mg IM].

2. Postnatal care

4.3.7 Timing of discharge from the health facility

- After an uncomplicated vaginal birth in a health facility, healthy mothers and newborns should

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receive care in the facility for at least 24 hours after birth.

4.3.8 Assessment of the newborn

- The following signs should be assessed during each postnatal care contact and the newborn should be referred for further evaluation if any of the signs is present: stopped feeding well, history of convulsions, fast breathing (*breathing rate ≥ 60 per minute*), severe chest in-drawing, no spontaneous movement, fever (temperature $>37.5^{\circ}\text{C}$), low body temperature (temperature $<35.5^{\circ}\text{C}$), any jaundice in first 24 hours of life, or yellow palms and soles at any age. The family should be encouraged to seek health care early if they identify any of the above danger signs in-between postnatal care visits.

4.3.9 Exclusive breastfeeding


- All babies should be exclusively breastfed from birth until six months of age. Mothers should be counselled and provided support for exclusive breastfeeding at each postnatal contact.

4.3.10 Cord care

- Daily chlorhexidine (7.1% chlorhexidine digluconate aqueous solution or gel, delivering 4% chlorhexidine) application to the umbilical cord stump during the first week of life is recommended for newborns who are born at home in settings with high neonatal mortality (30 or more neonatal deaths per 1000 live births). Clean, dry cord care is recommended for newborns born in health facilities and at home in low neonatal mortality settings. Use of chlorhexidine in these situations may be considered only to replace application of a harmful traditional substance, such as cow dung, to the cord stump.

4.3.11 Keeping the newborn warm

- Bathing should be delayed until after 24 hours of birth. If this is not possible due to cultural

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reasons, bathing should be delayed for at least six hours. Appropriate clothing of the baby for ambient temperature is recommended. This means one to two layers of clothes more than adults, and use of hats/caps. The mother and baby should not be separated and should stay in the same room 24 hours a day.

3. Newborn immunization1


3. Newborn immunization1

4.3.12 Newborn immunization


- All infants should receive their first dose of hepatitis B vaccine as soon as possible after birth, preferably within 24 hours. This is crucial in areas of high hepatitis B endemicity, but important even in intermediate and low endemicity areas.
- Oral polio vaccine, including a birth dose (known as zero dose because it does not count towards the primary series), is recommended in all polio-endemic countries and in countries at high risk for importation and subsequent spread. The birth dose should be administered at birth, or as soon as possible after birth.
- In settings where tuberculosis is highly endemic or in settings where there is high risk of exposure to tuberculosis a single dose of BCG vaccine should be given to all infants.

4.3.13 Feeding of LBW infants

- LBW infants, including those with very low birth weight (VLBW), should be fed mother's own milk.
- LBW infants, including those with VLBW, who cannot be fed mother's own milk should be fed donor human milk.
- LBW infants, including those with VLBW, who cannot be fed mother's own milk or donor human milk should be fed standard infant formula.

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- VLBW infants who cannot be fed mother's own milk or donor human milk should be given preterm infant formula if they fail to gain weight despite adequate feeding with standard infant formula.
- LBW infants, including those with VLBW, who cannot be fed mother's own milk or donor human milk should be fed standard infant formula from the time of discharge until six months of age.
- VLBW infants who are fed mother's own milk or donor human milk need not be given bovine milk-based human-milk fortifier. VLBW infants who fail to gain weight despite adequate breast-milk feeding should be given human-milk fortifiers, preferably those that are human milk based.
- VLBW infants should be given vitamin D supplements at a dose ranging from 400 i.u. to 1000 i.u. per day until six months of age.
- VLBW infants who are fed mother's own milk or donor human milk should be given daily calcium (120-140 mg/kg per day) and phosphorus (60-90 mg/kg per day) supplementation during the first months of life.
- VLBW infants fed mother's own milk or donor human milk should be given 2-4 mg/kg per day iron supplementation starting at two weeks until six months of age.
- Daily oral vitamin A supplementation for LBW infants who are fed mother's own milk or donor human milk is not recommended at the present time because there is not enough evidence of benefits to support such a recommendation.
- Routine zinc supplementation for LBW infants who are fed mother's own milk or donor human milk is not recommended, because there is not enough evidence of benefits to support such a recommendation.
- VLBW infants should be given 10 ml/kg per day of enteral feeds, preferably expressed breast milk, starting from the first day of life, with the remaining fluid requirement met by intravenous fluids.
- LBW infants should be exclusively breastfed until six months of age.

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- LBW infants who need to be fed by an alternative oral feeding method should be fed by cup (or palladai, which is a cup with a beak) or spoon.
- VLBW infants requiring intragastric tube feeding should be given bolus intermittent feeds.
- In VLBW infants who need to be given intragastric tube feeding, the intragastric tube may be placed either by the oral or nasal route, depending upon the preferences of health-care providers.
- LBW infants who are fully or mostly fed by an alternative oral feeding method should be fed based on infants' hunger cues, except when the infant remains asleep beyond three hours since the last feed.
- In VLBW infants who need to be fed by an alternative oral feeding method or given intragastric tube feeds, feed volumes can be increased by up to 30 ml/kg per day with careful monitoring for feed intolerance.

Annexure: [NEONATAL ASSESSMENT FORM](#)
[PEDIATRIC ASSESSMENT FORM](#)
[IMMUNIZATION & HEALTH RECORD](#)